PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

Date: August 10, 2005

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Effective on 12/08/2004.		Complete if K	nown	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Application Number	10/601,529		
FEE TRANSMITTAL	Filing Date	June 24, 2003		
For FY 2005	First Named Inventor	MAKOTO IZUN	11 ET AL.	
Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name Kenneth W		wer	
	Art Unit 3653		- · · · ·	
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	03500.017341		
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee				
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FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEA Small Entity Application Type Fee (\$) Fee (\$) Utility 300 150 500	Small Entity \$) Fee(\$) Fee(S <u>Fees Paid (\$)</u>	
Design 200 100 100				
Plant 200 100 300 Reissue 300 150 500				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 200 100 180				
Total Claims Extra Claims Fee (\$) Fee P	aid (\$) Multij	ole Dependent Clai	<u>ims</u>	
9 - 20 or HP = 0 x 0 = HP = highest number of total claims paid for, if greater than 20	<u>0 </u>	<u>ee(\$)</u> <u>F</u> 0	ee Paid (\$) 0	
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)				
2 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =				
4. OTHER FEE(\$)				
Non-English Specification, \$130 fee (no small entity discount)				
Other:				
SUBMITTED BY ////				
Signature	Registration No. (Attorney/Agent)	30,110	Telephone 202-530-1010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternativo Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name (Print/Type)

Lawrence A. Stahl



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ápplication of:)	
•	:	Examiner: Kenneth W. Bower
MAKOTO IZUMI ET AL.)	
	:	Group Art Unit: 3653
Application No.: 10/601,529)	
	:	Confirmation No.: 7653
Filed: June 24, 2003)	
	:	
For: SHEET FEEDING APPARATUS AND)	August 10, 2005
IMAGE FORMING APPARATUS	:	
Mail Stop Amendment		
COMMISSIONER FOR PATENTS		
P.O. Box 1450		
Alexandria, Virginia 22313-1450		

AMENDMENT

Sir:

In response to the Office Action mailed June 28, 2005, Applicants submit the following amendments and remarks.